

**SECTION:** CERTIFICATION

**SUBJECT:** Eligibility Requirement

**ITEM:** *Women: Nutrition Assessment Requirements*



<b>Policy</b>	The WIC program requires that a woman have a nutrition need in order to qualify for benefits.
<b>Authority for policy</b>	7 CFR 246.7 (e)
<b>Definition</b>	<u>Indicators of nutrition need</u> are health problems or habits which put the applicant's health at risk and which may be improved by the applicant participating in the WIC Program. In the past, WIC agencies used the term "nutrition risk" to refer to indicators of nutrition need.
<b>When to determine need</b>	<p>The competent professional authority (CPA) conducts a nutrition assessment to determine if the woman meets the WIC program's definition of nutrition need. The CPA performs a nutrition assessment at:</p> <ul style="list-style-type: none"><li>• the initial certification, and</li><li>• each subsequent certification.</li></ul>
<b>Nutrition assessment</b>	<p>The CPA evaluates the participant's nutrition status to identify the woman's indicator(s) of nutrition need based on approved criteria. The assessment is based on the following information:</p> <ul style="list-style-type: none"><li>• anthropometric (height and weight measurements),</li><li>• biochemical (laboratory blood test results),</li><li>• clinical (health, nutrition status, and social factors), and</li><li>• dietary (food intake for a 24-hour period).</li></ul> <p>Refer to WPM Sections 210-50.11 through 210-50.7 for detailed information on the indicators of nutrition need.</p>

**Documen-  
tation**

At a minimum, local agencies shall enter the following in the Integrated Statewide Information System (ISIS):

- nutrition assessment information beginning with the appropriate “Health Information” screen, and
  - pregnancy outcome information on the “Pregnancy Outcome” screen when:
    - a woman recertifies from the pregnant category to the breastfeeding or nonbreastfeeding category, or
    - the infant of a woman described above is certified.
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**Nutrition need  
not identified**

If a woman does not have an indicator of nutrition need based upon the anthropometric, biochemical, clinical, and dietary assessment, the CPA shall:

- use the ISIS Ineligibility of Disqualification process to assign the appropriate ineligible or disqualification code as described in the ISIS Training Manual, (Assign Ineligible Code-Family/Individual,” Enrollment Section and “Assign Disqualify Code-Family/Individual,” Recertification Section) and WPM Section 280-10,
  - provide the WIC Participant Information Sheet (PM344) and,
  - complete and distribute either a:
    - Notice of Action Affecting WIC Program Applicants (DHS 4134), or
    - Notice of Action Affecting WIC Program Participation (DHS 4304).
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**Prenatal  
woman**

Local agencies shall use the ISIS screens and forms described in the table below to perform a nutrition assessment of a prenatal woman.

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## Prenatal woman (cont.)

Form Number	ISIS Screen/Form Name	Description
N/A	Prenatal enrollment and recertification screens	Used to assess prenatal health and determine indicators of nutrition need.
PM 247  N/A	<ul style="list-style-type: none"> <li>WIC referral form (or an alternate referral form) for pregnant, postpartum, breastfeeding women, <b>or</b></li> <li>medical/clinic record, <b>or</b></li> <li>measurements obtained in the WIC office.</li> </ul> <p><b>Note:</b> Local agencies shall keep the referral form on file for a minimum of three years. If the CPA obtains information from any source <u>other</u> than the referral form, the CPA shall document the source in ISIS in “Individual Comments.”</p>	<p><b>Referral forms</b> will include the following:</p> <ul style="list-style-type: none"> <li>anthropometric measurements with date,</li> <li>biochemical values with date,</li> <li>health care provider comments regarding physical/medical status, if applicable, and</li> <li>signature of health care provider.</li> </ul>
DHS 4063	<p>Prenatal Nutrition Questionnaire</p> <p><b>Note:</b> Local agencies shall keep this form on file for a minimum of three years.</p>	<p>Nutrition questionnaire.</p> <p><b>Note:</b> A local agency may use an alternate form approved by the State WIC Branch, if it includes:</p> <ul style="list-style-type: none"> <li>mandatory questions 1,2,4,9, and 10 from DHS 4063, and</li> <li>an assessment of dietary intake for a 24-hour period.</li> </ul>

**Prenatal  
woman  
(cont.)**

Form Number	ISIS Screen/Form Name	Description
N/A	“Prenatal Weight Gain” screen	Used to assess prenatal weight gain.
N/A	“Prenatal Lab Results” screen	Used to assess iron deficiency anemia and abnormal glucose levels.
PM 349	Prenatal Weight Gain Grid	Used to assess prenatal weight gain.  <b>Note:</b> This is optional unless an accurate prepregnancy weight is not known.
N/A	“Supplemental Alcohol and Drug Questions” screen	Used to assess clinical nutrition need for a woman currently using or with a history of a drug or alcohol problem.
No form number	Supplemental Questions for Pregnant Women	Used to assess other indicators of nutrition need. This form is optional unless no indicator of nutrition need is found.

**Breast-feeding or nonbreast-feeding woman**

Local agencies shall use the ISIS screens and forms described in the table below to perform a nutrition assessment on a breastfeeding or nonbreastfeeding woman:

Form Number	ISIS Screen/Form Name	Description
N/A	Breastfeeding/nonbreast-feeding enrollment and recertification screens	Used to assess breastfeeding/nonbreast-feeding health and determine indicators of nutrition need.
PM 247	<ul style="list-style-type: none"> <li>WIC referral form (or an alternate referral form) for pregnant, postpartum, breastfeeding women, <b>or</b></li> </ul>	<p><b>Referral forms</b> will include the following:</p> <ul style="list-style-type: none"> <li>anthropometric measurements with dates,</li> <li>biochemical values with dates,</li> <li>health care provider comments regarding physical/medical status, if applicable, and</li> <li>signature of the health care provider.</li> </ul>
N/A	<ul style="list-style-type: none"> <li>medical/clinic record, <b>or</b></li> <li>measurements obtained in the WIC clinic.</li> </ul> <p><b>Note:</b> Local agencies shall keep the referral form on file for a minimum of three years. If the CPA obtains information from any source <u>other</u> than the referral form, the CPA shall document the source in ISIS in “Individual Comments.”</p>	

**Breast-feeding or nonbreast-feeding woman**

Form Number	ISIS Screens/Form Name	Description
DHS 4137	<ul style="list-style-type: none"> <li>Breastfeeding/Postpartum Woman and Newborn Infant Questionnaire</li> </ul> <p><b>Note:</b> Local agencies shall keep this form on file for a minimum of three years.</p>	<p>Nutrition questionnaire for breastfeeding/non-breastfeeding women.</p> <p><b>Note:</b> A local agency may use an alternate form approved by the state WIC Branch, if it includes:</p> <ul style="list-style-type: none"> <li>mandatory questions, 1,2, and 6 from DHS 4137, and</li> <li>an assessment of dietary intake for a 24-hour period.</li> </ul>
N/A	“Breastfeeding/Nonbreast-feeding Lab Results” screen	Used to assess iron deficiency anemia.
N/A	“Supplemental Alcohol and Drug Questions” screen	Used to assess clinical nutrition need for a woman currently using or with a history of a drug or alcohol problem.
No form number	Supplemental Questions for Breastfeeding/Postpartum Women	Used to assess other indicators of nutrition need. This form is optional unless no indicator of nutrition need is found.